

# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

LAST NAME										FIRST NAME										MI	SUFFIX
STRASSBURGER										ERIKA										S	

ADDRESS office (business or governmental) or home															City	State	Zip Code	Area Code	Phone
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NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03 STATUS Check applicable block or blocks. (more than one block may be marked. (See instructions on page 2))

A <input checked="" type="checkbox"/> Candidate (including write-in)	C <input type="checkbox"/> Public Official (Current)	D <input type="checkbox"/> Public Employee (Current)	E <input type="checkbox"/> Check this block if you are filing as a solicitor
B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	

☐ Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) ☒ seeking ☐ hold ☐ held

A MEMBER

☐ seeking ☐ hold ☐ held

05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, township, etc.)

A PITTSBURGH CITY COUNCIL

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Chief of Staff, Pittsburgh City Council

07 YEAR SEE INSTRUCTIONS

information in Blocks 6-15 represents disclosure for the calendar year noted here.

2017

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. ☒

09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box ☒

Name Address

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment (See instructions on page 2) ONLY IF NONE check this block.

Name City of Pittsburgh Address 414 Grant Street Pittsburgh, PA 15219

11 GIFTS (See instructions on page 2) If NONE, check this box. ☒

Source of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. ☒

Source (Name and Address)

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. ☒

Business Entity (Name and Address)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. ☒

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. ☒

Business (Name and Address)

Transferee (Name and Address)

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unlawful falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §§ 1101-1107.

Signature *Erika Strassburger* Date 1/15/18

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS



# OFFICE OF THE CITY CLERK

## City of Pittsburgh

510 City-County Building - Pittsburgh, Pennsylvania 15219-2457  
FAX NO: (412) 255-2821

Mary Beth Doheny  
City Clerk  
(412) 255-2138

Kimberly Clark-Baskin  
Deputy City Clerk  
(412) 255-2132

### STATEMENT OF FINANCIAL INTEREST FORM RECEIPT PENNSYLVANIA STATE ETHICS COMMISSION

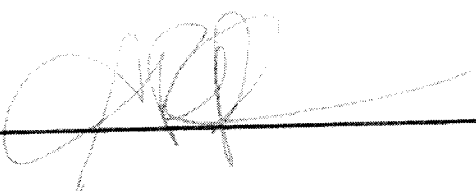
Date: 1/17/18

Name on form: ERIKA STRASSBURGER

Attachments:        Yes   X   No

Number of Pages:   1  

Delivered by (please print): ERIKA STRASSBURGER

Received by: 

STATEMENT OF FINANCIAL INTERESTS  
PLEASE PRINT NEATLY

01 LAST NAME <b>STRASSBURGER</b>		FIRST NAME <b>ERIKA</b>		MI <b>S</b>	SUFFIX	
02 ADDRESS office (business or governmental) or home <b>414 Grant St. City-County Bldg. Pittsburgh</b>		City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15219</b>	Area Code <b>412</b>	Phone <b>295-2133</b>
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.						
03 STATUS Check applicable block or blocks more than one block may be marked. (See instructions on page 2)						
A <input type="checkbox"/> Candidate (including write-in) C <input checked="" type="checkbox"/> Public Official (Current) D <input type="checkbox"/> Public Employee (Current) E <input type="checkbox"/> Check this block if you are filing as a solicitor						
B <input type="checkbox"/> Nominee C <input type="checkbox"/> Public Official (Former) D <input type="checkbox"/> Public Employee (Former)						
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) <input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held						
A <b>MEMBER</b>						
B						
05 GOVERNMENTAL ENTITY in which you were an Official, Employee, Candidate or Nominee (e.g., dept., agency, authority, borough, board, commission, county, school district, etc.)						
A <b>CITY COUNCIL</b>						
B						
06 OCCUPATION OR PROFESSION (This may be the same as block 4) <b>City Council Member</b>			07 YEAR SEE INSTRUCTIONS Information in Blocks 8-15 represents disclosure for the calendar year listed here <b>2013</b>			
08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>						
09 CREDITORS (See instructions on page 2) Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>					Interest Rate	
Name					Address	
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to): all employment (See instructions on page 2) ONLY IF NONE, check this block					OFFICIAL USE ONLY:	
Name <b>City of Pittsburgh</b>					Address <b>414 Grant St., City-County Bldg., Pittsburgh, PA 15219</b>	
11 GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Value of Gift	
Source of Gift					Circumstances, including description of gift	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Value	
Source (Name and Address)					Date	
13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Position Held (e.g., officer, director, employee, etc.)	
Business Entity (Name and Address)					Interest Held (e.g., 10%, etc.)	
Name					Address	
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Interest Held (e.g., 10%, etc.)	
Name and Address of Business					Interest Held (e.g., 10%, etc.)	
15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>					Relationship	
Business (Name and Address)					Date Transferred	
Transferee (Name and Address)					Date Transferred	
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (perjury/falsification to authorities), and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1029(c).						
Signature <b>Erika Strassburger</b>					Enter Current Date <b>4/17/13</b>	
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS						



# OFFICE OF THE CITY CLERK

## City of Pittsburgh

510 City-County Building – Pittsburgh, Pennsylvania 15219-2457  
FAX NO: (412) 255-2821

Brenda F. Pree, CMC  
City Clerk  
(412) 255-2138

Kimberly Clark-Baskin  
Deputy City Clerk  
(412) 255-2132

### STATEMENT OF FINANCIAL INTEREST FORM RECEIPT PENNSYLVANIA STATE ETHICS COMMISSION

Date: 4/17/18

Name on form: STRASSBURGER, ERIKA

Attachments:        Yes   X   No

Number of Pages:   1  

Delivered by (please print): ERIKA STRASSBURGER

Received by: Ashley R

## STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX			
	STRASSBURGER	ERIK	S				
02	ADDRESS office (business or governmental) or home		City	State	Zip Code	Area Code	Phone

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS

03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)		<input type="checkbox"/> Check this block if you are amending an original filing	
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	B <input type="checkbox"/> Nominee	C <input type="checkbox"/> Public Official (Former)	D <input type="checkbox"/> Public Employee (Former)	
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)		<input type="checkbox"/> seeking <input checked="" type="checkbox"/> hold <input type="checkbox"/> held	
A	CITY COUNCIL MEMBER		<input type="checkbox"/> seeking <input type="checkbox"/> hold <input type="checkbox"/> held	
B				
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)			
A	PITTSBURGH CITY COUNCIL			
B				
06	OCCUPATION OR PROFESSION (This may be the same as block 4)		07 YEAR SEE INSTRUCTIONS	
Member, Pittsburgh City Council		Information in Blocks 8 - 15 represents disclosure for the calendar year listed here	2018	
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>			

09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Rate
Name:		Address:	
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg 2) ONLY IF NONE, check this block. <input type="checkbox"/>		(OFFICIAL USE ONLY)
Name: City of Pittsburgh		Address: 414 Grant Street Pittsburgh, PA 15219	
11	GIFTS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value of Gift
Source of Gift		Circumstances (including description) of Gift	
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Value
Source (Name and Address)			
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Position Held (i.e. officer, director, employee, etc.)
Business Entity (Name and Address)			
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held (i.e., 5%, 10%, etc.)
Name and Address of Business			
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. <input checked="" type="checkbox"/>		Interest Held Relationship Date Transferred
Business (Name and Address)			
Transferee (Name and Address)			

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b)

Signature Erik Strassburger Enter Current Date 1/29/19

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